

<b>C MBINED</b> <b>DECLARATION FOR UTILITY OR DESIGN</b> <b>PATENT APPLICATION (37 CFR 1.63)</b> <b>AND POWER OF ATTORNEY</b>	Attorney Docket Number <b>1770-206US FC</b>
	First Named Inventor <b>Masad José Damha et al.</b>
	Complete if known
	Application Number _____
<input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Filing Date _____
	Group Art Unit _____
	Examiner Name _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ANTISENSE OLIGONUCLEOTIDE CONSTRUCTS BASED ON  $\beta$ -ARABINOFURANOSE AND ITS ANALOGUES**

the specification of which

☐ is attached hereto.

OR

☒ was filed on 06/17/1999  
(mm/dd/yyyy)

as United States Application Number or PCT International Application Number PCT/CA99/00571

and was amended on 04/20/2000 and 08/29/2000 (if applicable).  
(mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
2,241,361	Canada	06/19/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**COMBINED DECLARATION FOR UTILITY OR DESIGN  
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/CA99/00571	06/17/1999	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number: **020988**



**020988**

Direct all correspondence to:



**020988**

PATENT AND TRADEMARK OFFICE

PATENT AND TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of sole or First Inventor:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

**Masad J.**

**DAMHA**

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: City Saint-Hubert State Québec Country Canada Citizenship Canadian

Post Office Address 3166 Pierre T. Hurteau

City Saint-Hubert Province or State Québec Postal Code J3Y 8N9 Country CANADA

☒ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

COMBINED DECLARATION FOR UTILITY OR DESIGN  
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (3-97)

**DECLARATION**

**ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page 1 of 2

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Michael A.

PARNIAK

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence:  
City Verdun State Québec Country Canada Citizenship Canadian

Post Office Address 825 Desmarchais

City Verdun Province or State Québec Postal Code Or Zip H4H 1S7 Country CANADA

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Anne M.

NORONHA

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence:  
City Montréal State Québec Country Canada Citizenship Canadian

Post Office Address 1850 Bercy

Apartment 801-A

City Montréal Province or State Québec Postal Code Or Zip H2K 2V2 Country CANADA

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Christopher

WILDS

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence:  
City Pincoirt State Québec Country Canada Citizenship Canadian

Post Office Address 73 Iroquois

City Pincoirt Province or State Québec Postal Code Or Zip G2E 1X3 Country CANADA

☒ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

PTO/SB/02A (3-97)

COMBINED DECLARATION FOR UTILITY OR DESIGN  
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

**DECLARATION**

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Gadi

BORKOW

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence:

City Kfar Gibton State Rehovot Country Israel Citizenship Israel

Post Office Address Hameyasdim 44

City Kfar Gibton Province or State Rehovot Postal Code Or Zip 76910 Country ISRAEL

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Dominique

ARION

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence:

City Montréal State Québec Country Canada Citizenship Canadian

Post Office Address 3665 Ridgewood

Apartment 504

City Montréal Province or State Québec Postal Code Or Zip H3V 1B4 Country CANADA

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence:

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

City \_\_\_\_\_ Province or State \_\_\_\_\_ Postal Code Or Zip \_\_\_\_\_ Country \_\_\_\_\_

☐ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.